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CONFIRMATION NO. 7748

<b>SERIAL NUMBER</b> 10/717,248	<b>FILING OR 371(c) DATE</b> 11/19/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> UPITT-08296	
<b>APPLICANTS</b> Samir F. Saba, Pittsburgh, PA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/427,712 11/20/2002 <i>CHZ 6/19/06</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none CHZ 6/19/06</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/20/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Carl H. Lopez</i> <i>CHZ</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Peter G. Carroll MEDLEN & CARROLL, LLP Suite 350 101 Howard Street San Francisco, CA94105					
<b>TITLE</b> Device and method to discriminate between supraventricular tachycardias and ventricular arrhythmias					
<b>FILING FEE RECEIVED</b> 547	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		